RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name: American Legion Post 95	**Telephone Number** (765) Establishment (674) Owner 674-8623	**Date of Inspection** (*mm/dd/yr*): 9/24/21	**ID #**: 77
Establishment Address (*number and street, city, state, ZIP code*): 424 S. Main St. Jonesboro			
Owner: Members	**Purpose:** (1. Routine) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up**: n/a	**Release Date**: 10 days
Owner's Address: Same		**Summary of Violations:** C___ NC___ R___	
Person in Charge			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1___ 2___ 3 / 4___ 5___	
Certified Food Handler: N / A			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			No violations at this time	

Received by (*name and title printed*): Matthew C Garrett	Inspected by (*name and title printed*): Kyle Kellogg
Received by (*signature*):	Inspected by (*signature*):
cc:	cc: